

**State of Hawaii**  
**HAZARD ASSESSMENT CERTIFICATION \***

Department: \_\_\_\_\_

Job Title of Employee: \_\_\_\_\_

Division/Branch: \_\_\_\_\_

Position Number: \_\_\_\_\_

Baseyard: \_\_\_\_\_

Evaluated By (Print Name:): \_\_\_\_\_

Work Unit: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Location (island, city): \_\_\_\_\_ \*Use special safety shoes form for foot protection. Not applicable for respiratory protection.

Describe Each Task or Activity	Hazard Associated with Task or Activity	Level, Size, Degree or Impact of Hazard Exposure

Hazard Assessment: Part of Body and Type of Protection Required:

- |                               |                                       |   |                                     |                                       |
|-------------------------------|---------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Body         | <input type="checkbox"/> Hard Hat (metal)     | <input type="checkbox"/> Spectacles | <input type="checkbox"/> Apron        |
| <input type="checkbox"/> Face | <input type="checkbox"/> Hands        | <input type="checkbox"/> Hard Hat (non-metal) | <input type="checkbox"/> Ear Muffs  | <input type="checkbox"/> Body Suit    |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Skin         | <input type="checkbox"/> Face Shield          | <input type="checkbox"/> Ear Plugs  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Goggles              | <input type="checkbox"/> Gloves     | _____                                 |

Additional Requirements or sub category on the type of equipment (i.e. leather apron-welding): \_\_\_\_\_

Person certifying assessment: \_\_\_\_\_  
Print Name (if different from above) Signature Date

## ***Completing the Hazard Assessment Certification Form***

Occupational Safety and Health (OSH) rules require employers to identify hazards in the workplace that cause or are likely to cause employee injuries. When engineering or administrative controls are not feasible, employers must assess the workplace to determine if hazards are present or are likely to be present that require the use of personal protective equipment.

The hazard assessment certification can be used to complete OSHA requirements (not applicable for respiratory protection). The steps to completing this form are:

1. Complete the demographics section of the form. OSHA standards require an assessment of each particular type of work activity at a given location. A single assessment of the same job class with identical duties and responsibilities at the same worksite is permissible.
2. Perform assessment of each job position by initiating a walk-through of the worksite to identify tasks (column 1) with potential sources of injury such as: clean animal shelters, trim grass with weedeater, remove/replace vehicle battery, or clear vegetation from hiking trail with machete. List all tasks that indicate a source of potential injury. Note: there is a special safety shoes form for foot protection.

In column 2 indicate the corresponding hazard for tasks identified in column 1, such as: animal bite/scratch and animal fecal infection; impact/flying rocks, vibration and noise from equipment; splash from liquid chemical, or acids, smash fingers; and laceration to arms, hands, or legs from thorns of plants.

3. Review data of each hazard in column 2 to determine the level, size, degree or impact of hazard exposure for column 3. For example, the filter lens shade level and type of eye and face shield protection (varies by task such as welding, chipping, grinding, groundskeeping, etc.) or type of gloves (cut resistant, chemical resistant, temperature protection, etc. and length of gloves).
4. Check the appropriate boxes for part of body and type of protection required for hazards assessed. "Other" may include: knee pads (for working on floors such as carpet laying), sleeves (to protect arms from steam, chemicals, hot items, etc.), and chaps (to protect legs from impact/flying objects, thorny bushes and branches).

On the additional requirement indicate additional requirements or specific type of equipment such as amount of dBA reduction required or type of harness for fall protection.

5. Evaluator prints name, signs and dates the form.